1 2 3 4 5 6 7 8	THO DISTRICT COUNTY OF THE PARTY OF THE PART	
9	COLL WEST TOO D	
10	Distriction CASENIO CASENIO	
11	Plaintiff, CASE NO. TEH PRISONER'S (PR	
12 13	VS. APPLICATION TO PROCEED IN FORMA PAUPERIS	
14	Defendant.	
15		
16	I,, declare, under penalty of perjury that I am the	
17	plaintiff in the above entitled case and that the information I offer throughout this application	
18	is true and correct. I offer this application in support of my request to proceed without being	
19	required to prepay the full amount of fees, costs or give security. I state that because of my	
20	poverty I am unable to pay the costs of this action or give security, and that I believe that I am	
21	entitled to relief.	
22	In support of this application, I provide the following information:	
23	1. Are you presently employed? Yes No	
24	If your answer is "yes," state both your gross and net salary or wages per month, and give the	
25	name and address of your employer:	
26	Gross: Net:	
27	Employer:	
28		

1	If the answer is "no," state the date of last employment and the amount of the gross and net				
2	salary and wages per month which you received. (If you are imprisoned, specify the last				st
3	place of employment prior to imprisonment.)				
4					
5					
6				· · · · · · · · · · · · · · · · · · ·	
7	2. Have you received, within the past twelve (12) months, any money from any of the				
8	following s	ources:	f		
9	a.	Business, Profession or	Yes	No	
10		self employment			٠
11	b.	Income from stocks, bonds,	Yes	No	
12		or royalties?	_		
13	c.	Rent payments?	Yes	No	
14	· d.	Pensions, annuities, or	Yes	_ No	
15		life insurance payments?			
16	e.	Federal or State welfare payments,	Yes	_ No	
17		Social Security or other govern-			
18		ment source?			
19	If the answe	r is "yes" to any of the above, describe eac	ch source of m	oney and state the am	ıount
20	received from	m each.			
21					_
22)	_
23	1	ou married?		_ No	
24	Spouse's Full Name:				
25	Spouse's Place of Employment:			_	
26	Spouse's Monthly Salary, Wages or Income:				
27	Gross \$	Net \$			
28	4. a.	List amount you contribute to your spo	use's support:S	\$	

1	b. List the persons other than your spouse who are dependent upon you for			
2	support and indicate how much you contribute toward their support. (NOTE			
3	For minor children, list only their initials and ages. DO NOT INCLUDE			
4	THEIR NAMES.).			
5				
6				
. 7	5. Do you own or are you buying a home? Yes No			
8	Estimated Market Value: \$ Amount of Mortgage: \$			
9	6. Do you own an automobile? Yes No			
10	Make Year Model			
11	Is it financed? Yes No If so, Total due: \$			
. 12	Monthly Payment: \$			
13	7. Do you have a bank account? Yes No (Do not include account numbers.)			
14	Name(s) and address(es) of bank:			
15				
16	Present balance(s): \$			
17	Do you own any cash? Yes No Amount: \$			
18	Do you have any other assets? (If "yes," provide a description of each asset and its estimated			
1,9	market value.) Yes No			
20	· 			
21	8. What are your monthly expenses?			
22	Rent: \$ Utilities:			
23	Food: \$ Clothing:			
24	Charge Accounts:			
25	Name of Account Monthly Payment Total Owed on This Acct.			
26	\$\$			
27	\$ \$			
28	\$\$\$			

1	1 9. Do you have any other debts	? (List current obligations, indicating amounts and to			
2		whom they are payable. Do not include account numbers.)			
3	3				
4	4				
5	5 10. Does the complaint which yo	ou are seeking to file raise claims that have been presented			
6	6 in other lawsuits? Yes No	<u> </u>			
7	7 Please list the case name(s) and num	aber(s) of the prior lawsuit(s), and the name of the court in			
8	8 which they were filed.				
. 9	9				
10	0	<u>'</u>			
1.1	I consent to prison officials w	vithdrawing from my trust account and paying to the court			
12	2 the initial partial filing fee and all ins	stallment payments required by the court.			
13	I declare under the penalty of	ne penalty of perjury that the foregoing is true and correct and			
understand that a false statement herein may result in the dismissal of my claims.					
15	5				
16	6				
17	7 DATE	SIGNATURE OF APPLICANT			
18	3 				
19	9				
20	o 				
21	· ·				
22	2				
23	· ·				
24	·				
25					
2526					
- 1					
26					
26 27					

1	
2	Case Number:
3.	·
4	
5	
6	
7	
8	CERTIFICATE OF FUNDS
9	IN
10	PRISONER'S ACCOUNT
11	
12	I certify that attached hereto is a true and correct copy of the prisoner's trust account
13	statement showing transactions of for the last six months [prisoner name]
14	where (s)he is confined.
15	I further certify that the average deposits each month to this prisoner's account for the
16	most recent 6-month period were \$ and the average balance in the prisoner's
17	account each month for the most recent 6-month period was \$
18	
19	Dated: [Authorized officer of the institution]
20	[Authorized officer of the institution]
21	
22	
23	
24	
25	
6	
27	
8	

- 5 -

UNITED STATES DISTRICT COURT ORIGINAL FOR THE NORTHERN DISTRICT OF CALIFORNIA

	DEC 1 7 2007 TEH
Dear Sir or Madam:	BIOLAND CONTA
Your petition has been filed as civil case number	CLERK TO GALH ORNIA
A filing fee of \$5.00 is now due. If you are unab must sign and complete this court's Prisoner's In the application is granted, you will not have to pr	Forma Pauperis Application in its entirety. If
Your petition is deficient because you did not pay	y the filing fee and:
1 you did not file an <u>In Forma Pauperis</u> Ap	plication.
2 the <u>In Forma Pauperis</u> Application you su	ubmitted is insufficient because:
You did not use the correct form. In Forma Pauperis Application.	You must submit this court's current Prisoner's
Your In Forma Pauperis Application	on was not completed in its entirety.
You did not sign your In Forma Pa	uperis Application.
You did not submit a Certificate of signed by an authorized officer at the prise	f Funds in Prisoner's Account completed and on.
You did not attach a copy of your particles transactions for the last six months.	prisoner trust account statement showing
Other	
Enclosed you will find this court's current Prison includes a Certificate of Funds in Prisoner's According to the convenience.	
Warning: YOU MUST RESPOND TO THIS IT THIRTY DAYS from the filing date stamped file closed and the entire filing fee will become Forma Pauperis Application will allow the coufiling fee should be waived.	above, your action will be DISMISSED, the due immediately. Filing a Prisoner's <u>In</u>
	Sincerely,
	RICHARD W. WIEKING, Clerk,
	By

ROMERO





DEL 1 7 2007

PETITION FOR A WRIT OF HABEAS CORPUS BY A PERSON IN STATE CUSTODY

Name ROMERO	ISIORO ()	
(Last)	/ (First)	_(Initial)
Prisoner Number D-07204	Community designates (Company on the American Company of Company o	aratt (DD)
Institutional Address SAN QUE	ENTIN STATE PRISON 3-N-06; SAN QUEN	1N, EA 94974 PK)
	UNITED STATES DISTRICT COURT	
	NORTHERN DISTRICT OF CALIFORNIA	
ISIDRO ROMERO		
Full Name of Petitioner	Case No. clerk of	(To be provided by the court)
vs.		
ROBERT L. AYERS JR. Name of Respondent (Warden or jailor)	PETITION FOR A WRIT	T OF HABEAS CORPUS
	Read Comments Carefully Before Filling In	

When and Where to File

You should file in the Northern District if you were convicted and sentenced in one of these counties: Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Monterey, Napa, San Benito, Santa Clara, Santa Cruz, San Francisco, San Mateo and Sonoma. You should also file in this district if you are challenging the manner in which your sentence is being executed, such as loss of good time credits, and you are confined in one of these counties. Habeas L.R. 2254-3(a).

If you are challenging your conviction or sentence and you were <u>not</u> convicted and sentenced in one of the above-named fifteen counties, your petition will likely be transferred to the United States District Court for the district in which the state court that convicted and sentenced you is located. If you are challenging the execution of your sentence and you are not in prison in one of these counties, your